U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2008

This report is mandatory under P.L. 86-257, as amended. Failure to compty may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

FOR OFFICIAL DATE OF THE INSTRUCTIONS CAREFUL	LY SEFORE PREPARING THIS REPORT.
1. File Number U -	2. Fiscal Year Covered From:
12515	1 / [2004] Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and pr'dress of :abor organization.
Name WALTER P MAGU TRE	Name CARPENTERS & LATHERS LOCAL UNION 176;
	Labor Organization File Number (032-727
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 4700 DISTRIBUTION COURT	Street 4700 DISTRIBUTION COURT
City ORLANDO	City ORLANDO
State   Plorida   Z 2 Code + 4   32822-4915	State Florida ZIP Code + 4 32622-4915
5. Position in labor organization. FINANCIAL SECRETARY	
Enter appropriate data below if, during the p: at fiscal year, you or your spo (ax tept as specified in the exclu- A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	ssions set forth in the instructions): derived income or other economic benefit of
6. Name and address of Employer (including trad : name, if any).	7.a. Nature of Interest, Trenss ction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	7.b. Amount
Street	1.0. Allowing
Civ	
State ZIF Code + 4	
Sign	nature
15. Signature and verification. The undersign of declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, come 3, and complete. (See the se	ving documents), has been examined by the signatory and is, to the best of the
Signed Matter & Marquise	On Zerot 407-282-2004 .  Date Telephone Number
	,

Name of Person Filing WALTER MAGUIRE	File Number U-
B. Held an interest in or derived income or economic benefit with monetary valus substantial part of which consists of buying from, selling or leasing to, or otherwood an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	ise dealing with the business ely seeking to represent, or rectivito, or otherwise
6. Name and address of Business (including trace rame, if any).	9, Business deals with:
Name	
Trede Name, If any:	a. Labor Organization b. Trust
P.O. Box, Bidg., Room No., if any	c. Employer
Street	
City	
State ZI 'Code + 4	
10. If 9.b. or 9.c. is checked give trust or employers name,	11.a. Nature of such cleating.
Name	
Trade Name, if any:	,
P.O. Box, Bidg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest hald or income received.
State ZIF Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	or parts A and B above)
13.a. Name and address of Employer or Labor Rolations Consultant	14.a. Nature of payment.
(including trade name, If any).	Reimbursement for out of pocket expanses incurred while performing adminis rative activities.
Name CARDENTERS & LATHERS, LOCAL JNION 1765	pate of payment: 1/14/2004
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Street 4700 DISTRIBUTION COURT	
City ORLANDO	
State   Florida   ZiF Cods + 4   32822-4915	
13.b. is the Business an Employer C Consultant 7	14.b. Amount of payment \$47

FROM: CRYSTALMAG-HUMPHREYS, CPA PHONE NO.: 8636196357

Name of Person Filing WALTER MAGUIRI	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) c substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employee your labor or garization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization of with a 1 upt in which your labor organization is interested.			
8. Name and address of Business (including tra is name, if any).  Name  Trade Name, if any;	9. Business deals with:  a. Labor Organization		
P.O. Box, Bldg., Room No., if arry	b. Trust  c. Employer		
State Z > Cods + 4			
10. If 9.b. or 9.c. is checked give trust or emplo er's namo.  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any	11.a. Nature of such degling.		
Street  City  State  ZIP Code + 4	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.		
	12.b. Amount.		
C. Received from any employer (other that is nemployer covered undo or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.  Reimbursement for out of pocket expanses incurred		
Name CARPENTERS & LATHERS, LOCA: JNION 1765	while performing administrative activities.  Date of payment: 3/17/2:04		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street 4700 DISTRIBUTION COURT  City ORLANDO			
State   Florida   ZIP Code + 4   32822-4915			
13.b. Is the Business an Employer or Consultant 7	14.b. Amount of payment. \$56		

Name of Person Filing WALTER MAGUIRE		File Number U-	
B. Held an interest in or derived income or ecor ornic benefit with monetary value from a business (1) a substantial part of which consists of buying from, calling or leasing to, or otherwise dealing with the business of an employer whose employees your labor or antization represents or is actively seeking to represent, or (2) any part of which consists of buying from or setting or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trist in which your labor organization is interested.			
8. Name and address of Business (including trad a name, if any).	9. Business deals with:		
Name		•	
Trade Name, if any:	a. Labor Organiza	atian	
P.O. Box, Bidg., Room No., if any	c. Employer		
Street	<del></del>		
Caty			
State ZIF Code + 4			
10. If 9.b. or 9.c. is checked give trust or employ at a name.	11.a. Nature of such deal	irg.	
Name			
Trade Name, if any:			
P.O. Bax, Bldg., Room No., if any			
Street			
City	11.b. Approximate dollar vei		
State ZIF Code + 4	12.a. Nature of interest he	in dr incon 3 received.	
Carrier and an artist and a second a second and a second			
	12.b. Amount.		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any).	while performing	r out of pocket expenses incurred administrative activities.	
Name CARPENTERS & LATHERS, LOCAL UNION 1765	Date of payment:	4/15/2004	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street 4700 DISTRIBUTION COURT		•	
City ORLANDO			
State Florida   ZIF Coda + 4   32822-4915		THE RESIDENCE OF THE PROPERTY	
13.b. Is the Business an Employer C Consultant ?	14.5. Amount of payment.	\$150	

Name of Person Filing WALTER MAGUIRE	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, celling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or se ling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  Cty  State  ZIF Code + 4	9. Business deals with:  a. Labor Organizat in  b. Trust  c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State  ZIF Code + 4	11.b. Approximate dollar value of such clealing.  12.a. Nature of interest held or income received.		
	17 h Amount		
	12.b. Amount.		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Rolations Consultant	14.a. Nature of payment.		
(Including trade name, if any).	Reimbursement for out of pocket expanses incurred while performing administrative activities.		
Name CARPENTERS & LATHERS, LOCA: JNION 1765	Date of payment: 5/3/2004		
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any			
Street 4700 DISTRIBUTION COURT			
City ORLANDO			
State   Florida   ZUF Code + 4   32822-4915			
13.b. is the Business an Employer 7	14.b. Amount of payment. \$26		

Name of Person Filing WALITER MAGUIRE	File Numcer U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor or satisfation represents or is active (2) any part of which consists of buying from or calling or leasing directly or inclined dealing with your labor organization or with a trust in which your labor organization.	ise dealing with the business ely seeking to represent, or seeking to represent or
Name and address of Business (including trade name, if any).	9. Business deals with:
Name	<del></del>
Trade Name, If any:	a. Labor Organizat эп
P.O. Box, Blcg., Room No., If any	c. Employer
Street	- Garages
City	
State ZIF Code + 4	
10. If 0.0, W 5.0. Is discussed give transfer or employ as a results.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	11.5. Approximate dollar value of such dealing.  12.a. Nature of Interest held or income received.
State ZIF Codq + 4	
	12.b. Amount
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer eny payment of money	r parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any).	Reimbursement for out of pocket expenses incurred while performing administrative activities.
Name CARPENTERS & LATHERS, LOCAL UNION 1765	Date of payment: 5/9/2004
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Street 4700 DISTRIBUTION COURT	
City ORLANDO	
State Florida ZIF Cods+4 32822-4915	
13.b. is the Business an Employer C Consultant 7	14.b. Amount of payment. \$99

FROM : CRYSTALMAG-HUMPHREYS, CP3 PHONE NO. : 8636196357

Name of Person Filing WALTER MAGUIRE	File Number U-
B. Held an interest in or derived income or economic benefit with monetary valuations and of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or  limitly to or otherwise
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:	9. Business deals with:  a. Labor Organizzl'on  b. Trust
P.O. Box, Bldg., Room No., if any  Street  City  State  ZIO Code + 4	c. Employer
10, if 9.b. or 9.c. is checked give trust or employ 2r's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.
Street  City  State  ZIF Code + 4	11.b. Approximate dollar valuz of such dealing.  12.a. Nature of interest held or income received.
	12.b. Amount.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor R∈ lations Consultant (including trade name, if any).	14.s. Nature of payment. Reimbursement for out of pocket expenses incurred
Name CARPENTERS & LATHERS, LOCAL INION 1765	while performing adminis rative activities.  Date of payment: 7/15/2004
P.O. Box, Bidg., Room No., if any	
Street 4700 DISTRIBUTION COURT	
City ORLANDO	
State Florida ZIP Code + 4 32822-4915 ]  13.b. is the Business an Employer	14.b. Amount of payment. \$11.9

FROM : CRYSTALMAG-HUMPHREYS, CF 3

Name of Person Filing WALTER MAGUIRE	File Num ver U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from , setting or lessing to, or otherword an employee whose employees your labor or anization represents or is active (2) any part of which consists of buying from or setting or lessing directly or indicating with your labor organization or with a trust in which your labor organization.	ise dealing with the business  all seeking to represent, or  rectly to, or otherwise
8. Name and address of Business (including trad/ name, if any).	9. Business deats with:
Name [	a. Labor Organization
Trede Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street	,
Cay	
State ZIF Code + 4	
10. If 9.b. or 9.c. is checked give trust or employ x's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., If any	
Street	11.b. Approximate dollar value of such caaling.
City	12.a. Nature of Interest held or Income received.
State ZIF Code + 4	
	,
	12 b. Amount.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor R∈iations Consultant (including trade name, if any).	14.8 Nature of payment Reimbursement for out of pocket excenses incurred
Name CARPENTERS & LATHERS, LOCAL UNION 1765	while performing administrative activities.  Date of payment: 3/4/2004
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Street 4700 DISTRIBUTION COURT	
City ORLANDO	
State   Florida   ZIF Code + 4   32822-4915	
	14.b. Amount of payment.
13.b. Is the Business an Employer C: Consultant ?	£53

Name of Person Filling WALTER MAGUIRE	File Number U-
Et. Held an interest in or derived income or ecor or its benefit with monetary value substantial part of which consists of buying from a realization represents or is active of an employer whose employees your labor or an ization represents or is active (Z) any part of which consists of buying from or setting or leasing directly or incidentally with your labor organization or with a trust in which your labor organization.	Ase dealing with the business cly seeking to represent, or rectiv to, or otherwise
8. Name and address of Business (including trace rame, if any).	9. Business deals with:
Name	
Trade Name, if any:	a, Labor Organization b, Trust
P.O. Box, Bidg., Room No., if any	c. Employer
Street	
Cty	
Starte ZIF Code + 4	
10, If 9.b. or 9.c. is checked give trust or employ a's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
	11.b, Approximate dollar value of such challing.
State ZIP Code + 4	12.a. Nature of interest held or income received.
	12.b. Amount
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any).	Reimbursement for out of pocket expenses incurred while performing a ministrative activities.
Name CARPENTERS & LATHERS, LOCAL UNION 1765	Date of payment: 3/31/2004
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 4700 DISTRIBUTION COURT	
CITY ORLANDO	
State   Florida   ZIF Code + 4   32822-4915	
13.b. is the Business an Employer C Consultant ?	14.b. Amount of payment. \$108

PROM: CRYSTALMAG-HUMPHREYS, CF9 PHONE NO.: 8636196357

Name of Person Filing WALTER MAGUIRE	File Number V-		
B. Held an interest in or derived income or ecomonic benefit with monetary value from a business (1) e substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a rust in which your labor organization is interested.			
8. Name and address of Business (Including tre the name, if arry).  Name  Trade Name, if arry:  P.O. Box, Bldg., Room No., if any  Street	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer		
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer aname.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	11.b. Approximate dollar value of such :leating.		
State Z) Code + 4	12.s. Nature of interest hold or income received.		
	12.b. Amount.		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any).	14.s. Nature of payment.  Reimburgement for out of pocket excess incurred		
Name CARPENTERS & LATHERS, LOCAL UNION 1765	while performing coministrative activities.  Date of payment: 10/13/2004		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any Street 4700 DISTRIBUTION COURT City ORLANDO			
State   Florida   ZIF Cod9 + 4   32822-4915	14.b. Amount of payment.		
13.b, is the Business an Employer r Consultant 7	\$42		

Name of Person Filing WALTER MAGUIRE		File Number U-	
8. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or celling or isasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, 2 any),	9. Business deals with:		
Name			
Trade Name, if any:	a, Labor Organiza	on	
F.O. Box, Bidg., Room No., if any	c. Employer		
Street	E Campoyer		
Суд			
State Z Code + 4			
10. If 9.b, or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal:	`9.	
Name			) 
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any			; 1
Street	11.b. Approximate dollar vol.	of such dealing	
City	12.a. Nature of Interest ha		
State Z = Code + 4			
			y <u>aan</u> y a ahanga ahanga ahan ahan ahan ahan aha
	12.b. Amount.	10 property 4 property	
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Felations Consultant (Including trade name, if any).	14.a. Nature of payment.		
Name CARPENTERS & LATHERS, LOC L UNION 1765	Reimbursement for while performing Date of payment:	out of pocket expenses administrative activitie 12/15/2004	incurred S.
Trade Name, If any:		,	
P.O. Box, Bidg., Room No., If any			
Street 4700 DISTRIBUTION COURT			
City ORLANDO			
State   Florida   Z   Code + 4   32822-4915			
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.		\$3£;
13.b. Is the Business an Employer or Consultant 7		Company distribution in 1 of the little	